

Client Survey for Elders and Disabled Adults

Introduction: Please help us improve our services by sharing your experience with us.

Directions: Please indicate your level of agreement with the following statements about our services:

| | <i>Strongly Agree</i> | <i>Agree</i> | <i>Disagree</i> | <i>Strongly Disagree</i> | <i>Neutral</i> |
|--|-----------------------|--------------|-----------------|--------------------------|----------------|
| 1. This program has helped me (my family member) achieve the goals I (we) set out to accomplish. | (5) | (4) | (3) | (2) | (1) |
| 2. I (my family member) feel(s) safer now because of the services received from this agency. | (5) | (4) | (3) | (2) | (1) |
| 3. I (my family member) have (has) a better support system now, with people I (he/she) can trust. | (5) | (4) | (3) | (2) | (1) |
| 4. I (my family member) am (is) better able to access the services needed for basic living (i.e., prescriptions, safe housing, sufficient nutrition, etc.). | (5) | (4) | (3) | (2) | (1) |
| 5. Because of the services I (my family member) have (has) received I can now make better choices for myself. | (5) | (4) | (3) | (2) | (1) |
| 6. I am satisfied with the services I have received through this program. | (5) | (4) | (3) | (2) | (1) |
| 7. I now have a better understanding of how the criminal justice system works. | (5) | (4) | (3) | (2) | (1) |
| 8. This agency helped me learn how to access benefits or community resources. | (5) | (4) | (3) | (2) | (1) |
| 9. This agency helped me to recognize my legal rights. | (5) | (4) | (3) | (2) | (1) |

Thank you for your assistance in completing our survey!